FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91792 020 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004272

1. Entity Name

TAM-TRANSPORTES AEREOS MERIDIONAIS, S.A

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5201 Blue Lagoon Drive	Same
Suite, Apt. #, etc.: Suite 700	Suite, Apt. #, etc.:
City & State: Miami, Florida	City & State:
Zip: 33126 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0773334 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RIVERO MANUEL

Street Address (P.O. Box Number is Not Acceptable): 1313 PONCE DE LEON BLVD - SUITE 300

City: CORAL GABLES FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM - SALES JOSE 5201 BLUE LAGOON DR #700 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E084B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/30/03 305-477-5997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #